

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32928**
Registrar's No. **8764**

OCT 1 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (If in this place) 13 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 3863 West Pine Blvd.,			
3. NAME OF DECEASED a. (First) (Type or Print) Lillian		b. (Middle) A.		c. (Last) Fehlber		4. DATE OF DEATH (Month) (Day) (Year) September 17th, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 17th, 1896	
9. AGE (In years last birthday) 55		10. MONTHS 5		11. DAYS 5		12. HOURS 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Eugene Fisher		13b. MOTHER'S MAIDEN NAME Genevieve Stepanek		14. NAME OF HUSBAND OR WIFE Arthur R. Fehlber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Arthur R. Fehlber, 3863 W. Pine Blvd.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emaciation & Debility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - Bilateral DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Melancholia to liver & Rt Pleural Eff				INTERVAL BETWEEN ONSET AND DEATH 1 mo. 6 mo + 6 wks + 2 yrs	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180X			
22. I hereby certify that I attended the deceased from 27 Aug , 1952, to 17 Sep , 1952, that I last saw the deceased alive on 13 Sep , 1952, and that death occurred at 2:00A m., from the causes and on the date stated above.							
23a. SIGNATURE J. Ernest Jensen M.D.				23b. ADDRESS 634 W. Grand Blvd.		23c. DATE SIGNED 18 Sep 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/19/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. SEP 19 1952		REGISTRAR'S SIGNATURE Calvin F. Fentz		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Fentz, 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mo. Theatre Bldg.,
Grand & Lucas Aves.,
Je. 7467

Hours Between 2:00 P. M. & 5:00 P. M.
(THURSDAY SURE)

File in City

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Melman

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.